

DEA # _____

PRIMARY HEALTH, LLC

LOC VAN TRAN, M.D.

PA Lic # MD053136L NPI # 1801864517

5600 CHESTNUT STREET, SUITE 100

PHILADELPHIA, PA 19139

215-747-4511 FAX: 215-476-2180



NAME

Tippett Hortense DOB *4-4-48*

ADDRESS

DATE

11/2/22

R (PLEASE PRINT)

DR Bao chan Tran
By D.
(Penn Neurology - psychiatry)

Call 800 789 7366

Triple Dementia

REFILL _____ TIMES PRN NR

SUBSTITUTION PERMISSIBLE _____ M.D.

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE 'BRAND NECESSARY' OR
'BRAND MEDICALLY NECESSARY' IN THE SPACE BELOW.

10-25-22

TRI221025_96426_3_176982

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NAME

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R (PLEASE PRINT)

Lipitor 20x 90
2pro dancy

REFILL *0* TIMES PRN NR

SUBSTITUTION PERMISSIBLE _____ M.D.

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10-25-22

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Appointment

☐ Mon ☐ Tues ☒ Wed ☐ Thur ☐ Fri ☐ Sat ☐ Sun

For:

Dr. Tran

Date:

1-11-23

Time:

2:15pm

If you are unable to keep your appointment, please contact us at
least 24 hours prior to the appointment.